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# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

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## SHORTAGE OF NURSES

It would seem that the last word has been said regarding the shortage of pupil nurses, but since it occupies the attention of hospital administrations, boards of trustees and writers upon the subject there may be some phases of the question seldom touched upon.

Many reasons have been advanced for the alleged shortage, such as registration laws; entrance requirements which are too high; long courses, and the great variety of occupations constantly opening to young women. Possibly all of these may be contributory causes, but it seems hardly right to ascribe too large a share to the raising of educational standards for entrance to the nursing schools.

Everybody agrees that we need the best nurses that can be trained; the public and the physicians demand the best, notwithstanding the fact that they sometimes reason to the contrary. It has for a long time been noticeable that the advocates of the untrained nurse, or the one less trained, have usually urged her services upon others, she has not been considered suitable for them, their patients, their families, or their friends.

The superintendent and teacher of nurses is rare who has not sometime been almost overcome by the wave of discouragement sweeping over her at the knowledge that some pupil (graduated from her school), has failed of the greatest measure of success, perchance in the care of a patient in private duty. She knows she did her best with the material in hand and resolves to be more careful in her selection of future pupils. She knows the failure to be due to lack of understanding of the amenities of life or possibly to an ignorance that could not have existed if her nurse had been better educated to start with.

Again, barring an occasional exception and all other things being equal, she knows that when the stress comes and there must be an unusual exertion made to meet a crisis, whether in public or private work she can best depend upon the woman of broad and liberal education for it. This may be owing to the fact that the broad education has enabled the nurse to get the different points of view and harmonize her course to meet the situation. Moreover, experience has taught us

that it is the nurse of broad education who has the least to say about the menial duties of her profession. She is above it because she knows there can be nothing menial in rendering professional service to the sick who are in her care, while the untrained nurse, unless she be actuated by the highest religious motives, is unable to grasp the full significance of the value of her work, or its possibilities. These are two pleas for maintaining the educational standards and they are vital ones, even though they should cause a shortage of nurses.

If the medical profession and the sick public want Sairy Gamps and Betsey Prigs, perhaps they ought to be allowed to have them. Also if it can be proved that nurses qualifying through the much-advocated shorter course can better meet the demands, why, surely, let us adopt it.

While it is contended that the educational standards should be maintained, it must be borne in mind that only *good* women will make good nurses. The "leaders" are often unjustly criticised for not dwelling at greater length upon this side of the question when, as a matter of fact, the critics forget that it is never necessary to argue for that which is axiomatic.

There is, however, one phase of the shortage in the nursing situation that somewhat alarms the people who are ever thoughtful for the welfare of the sick, viz., the very evident falling off in the number of the best qualified nurses who are willing to do private duty. A glance at the great new body of public health nurses would do something toward convincing one of this fact. Consider its size, its enthusiasm, its enterprise and its personnel and conclude that a great draft has been made upon the private nursing body to form it.

But to return to the matter of the shortage in the hospital schools. It is not particularly evident in those schools which give value received to the pupil nurses for services rendered the hospital. Pupils are found in individual schools of other kinds because they believe they can there get the most for their time and money. Schools of that class compete with each other and the best secures the pupils. Since readjustments are considered necessary, why do not the nursing schools also enter into competition with each other and also secure pupils?

#### AIDS TO TEACHING

As the school year opens in October and all the teachers in our training schools are preparing their schedules for the new work, we are reminded that suggestions regarding teaching methods or material appearing in these columns would be most advantageous to all readers of the JOURNAL. If necessity is the mother of invention there must

assuredly be numerous inventions that would be a great aid to many in our own work.

We are reminded how one instructor gave first lessons in bandaging. She procured some *papier maché* hands and arms that are used in windows and showcases of mercantile houses for exhibition of long gloves, also some feet and legs to show long stockings, had them mounted by the "handy man" of the hospital and, as they were too smooth to be really practical, they were shellaced and sprinkled with sand before drying.

At very little cost the school was thus equipped with what has proved to be most useful to the beginners who can thus acquire a certain dexterity in bandaging before attempting the manipulation of members of a living, suffering body. It is not to be supposed that a pupil can become proficient by such methods only, but it pays to save our sick people from the effects of our crudity, be it ever so little.

#### SURGEONS AND NURSES

An English contemporary in commenting upon the attitude of the members of the medical profession toward the nurse says that the social position of the nurse has passed through a great change since the days of the intemperate, illiterate "Sairy Gamp." It would seem, however, that there is still something wanting in courtesy in the attitude of the English doctor to the nurse, to judge from a quoted instance. A well known surgeon, after an operation, was approached by a nurse with a basin of water in which to wash his hands. Finding it a trifle too hot or cool, he expressed his displeasure by emptying the water upon the nurse. She was drenched to the skin and, what was more to her slender purse, had to pay for the laundering of her uniform. The writer thought that the nurse would have been justified in breaking the basin upon his head.

It would seem from the foregoing that the nurse showed the greater poise and acted well her part. She was incapable of inflicting a "punishment to fit the crime," therefore "discretion was assuredly the better part of valor." Doubtless she remembered her home teaching that "a lady rarely resents an insult."

Moreover, what must have been the standard for manners and morals of the hospital where this particular surgeon did his high-class work? It could hardly hope to escape the effects of such disgraceful feats and it could certainly not escape its responsibility.

The surgeon's work must needs have been fine indeed and the hospital's charities great and far-reaching in order to maintain the balance with the law of compensation.